



**Application for Retirement Allowance**

**Police and Firemen's Retirement System**

**State of New Jersey**  
**Division of Pensions and Benefits**

**PO Box 295**  
**Trenton, New Jersey 08625-0295**

# Retirement Qualifications and Benefits

## Police and Firemen's Retirement System

### MANDATORY RETIREMENT

Effective July 1, 1997, retirement is mandatory at age 65 for all PFRS members except for elected officials. If you do not file a retirement application before your mandatory retirement, you are automatically retired on that date. Retirement benefits, however, are not payable until the application is filed.

### INTRODUCTION

This package includes all the forms you need to apply for retirement from the Police and Firemen's Retirement System (PFRS). It includes:

- Application for Retirement Allowance (to be completed by employee); and
- Certification of Service and Final Salary – Retirement (to be completed by employer).

It is your responsibility to file an *Application for Retirement Allowance*. Four months advance filing is recommended. Processing time varies and cannot begin until we have received all the necessary information and forms from both you and your employer.

If you have not furnished proof of your age to the Division, you must do so at the time you file an *Application for Retirement Allowance*.

Your retirement allowance will continue throughout your lifetime.

Your application must be received by the Division of Pensions and Benefits prior to your retirement date. If you have questions about qualifications for retirement, call the Division of Pensions and Benefits at (609) 292-7524.

### TYPES OF RETIREMENT

There are several types of retirement for which you may qualify:

#### SERVICE RETIREMENT

is available at age 55 with no minimum amount of service required. The formula is an annual allowance equal to 2 percent of your final average compensation for each year of creditable service up to 30 years plus 1 percent for each year of service over 30.

'Years of Service' means the amount of membership service you have credited to your account.

'Compensation' means the base salary on which your pension contributions are based. It does not include extra pay for overtime or money given in anticipation of your retirement.

'Final Average Compensation' means the average salary for the three years immediately preceding your retirement. If your three last years are not your highest years of salary, your allowance can be calculated using your three highest fiscal years (July 1 to June 30).

#### SPECIAL RETIREMENT

is available to those members who have 25 years or more of service credit. The amount of your annual pension will be equal to 65 percent of your final compensation plus 1 percent for each year of creditable service over 25 years but not to exceed 30 years. The maximum allowance is therefore 70 percent of your final compensation.

'Final Compensation' means the compensation you received during the 12 months preceding your retirement.

#### DEFERRED RETIREMENT

is available to those members who have at least ten years of service credit and are not yet 55 years of age when they terminate employment and file an *Application for Retirement Allowance*. The first of the month after you attain age 55, you will start to receive a retirement allowance based upon the Service Retirement formula.

You may apply for a Deferred Retirement when you terminate covered employment.

Your life insurance coverage is **not** in effect between the time you terminate employment and your Deferred Retirement becomes effective. If you die between the time you terminate employment and your retirement becomes effective, the last named beneficiary will receive the return of your pension contributions. There is no other death benefit under these circumstances.

At any time before your Deferred Retirement becomes effective, you may change your mind and apply for a lump sum withdrawal of your pension contributions instead. Once you cancel your Deferred Retirement

and withdraw your contributions, all the rights and privileges of membership end.

For those covered by the State Health Benefits Program (SHBP), you will not be able to continue that coverage under the SHBP retiree group if you apply for Deferred Retirement. However, you are entitled to continue coverage in the SHBP employee group for up to 18 months after termination of employment in accordance with federal COBRA legislation. If your retirement allowance becomes due and payable during the 18 months of extended coverage under COBRA, you would qualify for coverage in the SHBP retiree group. You will have to contact the Division of Pensions and Benefits, however, and request a SHBP offering letter.

### **SURVIVOR BENEFITS AFTER RETIREMENT**

When you die after retirement, your eligible surviving spouse will be paid an annual pension of 50 percent of your final average compensation plus 15 percent for one eligible child or 25 percent for two or more eligible children.

- Surviving Spouse means the person to whom you were married for at least one year before the date of your death. If the surviving spouse remarries, benefits cease.
- Child(ren) means your unmarried child(ren)—
  - under the age of 18 unless still in high school, or
  - of any age who at the time of your death is disabled because of mental or physical inca-

capacity and is incapable of substantial gainful employment because of the impairment. This incapacity must last or be expected to last for a continuous period of not less than 12 months as affirmed by the Medical Board.

If there is no eligible surviving spouse or your spouse dies or remarries, a pension will be paid to your eligible children at the rate of—

- 50 percent of final average compensation to three or more eligible children;
- 35 percent to two eligible children; or
- 20 percent to one eligible child.

These survivor benefits are in addition to any life insurance benefits that may be payable.

### **DISABILITY RETIREMENT**

You cannot use this application to file for disability retirement. For information on **Disability Retirement**, you can call the Division's Benefits Information Library 24 hours a day, seven days a week at (609) 777-1931 if you have a touch tone phone. When your call is answered press 215. You will hear a message about disability retirement. At the end of the message you can leave your name, address, social security number, and retirement system name. Fact Sheet #16, *Disability Retirement Benefits*, will be sent to you.

# CONVERTING LIFE INSURANCE

## Police and Firemen's Retirement System

Most members of the PFRS are covered by group life insurance benefits while employed. This page explains conversion of that coverage to an individual non-group policy. You cannot be denied coverage for health reasons when applying for conversion.

You can convert your group life insurance to a standard policy by calling the **Prudential Insurance Company** at **1-800-262-1112** (in New Jersey only) or by contacting a local Prudential Insurance office.

**Note: You only have up until 31 days after termination of employment to take advantage of the conversion privilege.**

You may convert to any individual, non-group policy customarily offered by Prudential except term insurance or a policy containing disability benefits. The premiums will be higher than you would pay if you were applying for a private policy at the age you make the request and could qualify medically for a lesser premium. The individual policy will be effective at the end of the 31-day period.

For those willing to provide medical information (which may require a physical examination), you may be able to realize premium savings through a "preferred" rate if you are able to qualify medically for life insurance. You may want to contact a number of life insurance carriers to compare costs. In addition, life insurance carriers may provide other insurance products which may better suit your needs. If, after investigation, you find that you cannot qualify medically for life insurance coverage, you may want to take advantage of the conversion right described. *Please remember that you only have up until 31 days after termination of employment to take advantage of the conversion privilege.*

If you have group life insurance in force at retirement, the amount of your coverage will be substantially reduced. The *Quotation of Retirement Benefits* that you will

receive prior to your retirement will indicate the amount of group life insurance in effect during your retirement under "Lump Sum Death Benefit." There is no cost to you for this coverage and you do not need to do anything to qualify. If you retire with less than 10 years of service credit in the retirement system, **all** coverage will terminate 31 days following termination of employment.

**Example:** If you had group life insurance of \$112,000 through the retirement system while employed, and that life insurance coverage drops to \$16,000 at retirement, you can purchase up to \$96,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent within 31 days following termination of employment.

### DEFERRED RETIREMENT

If you are retiring under a Deferred Retirement, group life insurance coverage terminates 31 days after termination of employment. In addition, the amount of life insurance that may be converted is the difference between the amount of coverage you had as an active member and the amount you will have at the time you start to receive retirement benefits at age 55.

### GROUP POLICY NUMBERS

The following group policy number is necessary when you call Prudential at 1-800-262-1112 or visit your nearest Prudential Office to convert your insurance:

Non-Contributory Group Life Insurance:  
PFRS — **G-14800**

**The Division of Pensions and Benefits cannot provide premium rates for converted life insurance policies. Please contact a Prudential agent for such information.**

**POLICE AND FIREMEN'S RETIREMENT SYSTEM  
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS  
APPLICATION FOR RETIREMENT ALLOWANCE**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.**

**PLEASE DETACH BEFORE MAILING THE APPLICATION**

**When to File:** All retirements are effective on the first of the month. File this application **with the Division of Pensions and Benefits before** your retirement date or you will lose benefits. Four months advance filing is recommended. You must terminate employment **before** your retirement date. **Mail** your completed application

to the New Jersey Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.

**Disability Retirement:** Do not use this form to file for any type of disability retirement. Please contact the Division of Pensions and Benefits for the proper application.

**INSTRUCTIONS —**

**MEMBERSHIP NUMBER —** If you are not sure of your number, contact your Personnel or Payroll Office.

**PART ONE:** (Please Print or Type)

**ITEM 1: NAME —** Insert your full name.

**ITEM 2: ADDRESS —** Insert your present mailing address. Report any change of address before you begin receiving a pension to the Retirement Bureau at the address shown above. Give your Social Security number and retirement date in the letter. Or, you may change your address over the Internet by using our on-line Change of Address form for pending retirees at [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions).

**ITEM 3: NAME OF EMPLOYER —** Insert the full name of your employer, i.e., State agency, municipality, county, etc.

**ITEM 4: TITLE/POSITION —** Insert the title or name of position you currently have.

**ITEM 5: SOCIAL SECURITY NUMBER —** Insert your Social Security Number.

**ITEM 6: DATE OF BIRTH —** Insert the month, day and year of your birth. You should submit a copy of your birth or baptismal certificate if you have not already done so. (Do not delay filing this application if this document is not readily available.)

**ITEMS 7 AND 8: TELEPHONE NUMBERS —** Insert your home and work telephone numbers. Include your area code.

**ITEM 9: LOANS AT RETIREMENT —** If you have a loan balance, you must decide whether you wish to carry your monthly loan payments into retirement until the balance, **with interest**, is satisfied or pay the **entire** loan off in a lump sum.

**ITEM 10: EFFECTIVE DATE OF RETIREMENT —** Insert the date you wish to retire. For deferred retirement, the effective date is the first of the month following your 55th birthday.

**ITEM 11: TYPE OF RETIREMENT ALLOWANCE DESIRED —** Indicate the retirement allowance for which you are applying. See "Types of Retirement", page 2, for an explanation of allowances available.

**ITEM 12: MARITAL STATUS —** Check the appropriate box to indicate your current marital status.

**ITEMS 13: NAME OF SPOUSE —** Print your spouse's name, including maiden name if applicable.

**ITEM 14: SPOUSE'S SOCIAL SECURITY NUMBER —** Enter your spouse's Social Security Number.

**ITEM 15: SPOUSE'S BIRTHDATE —** Insert the month, day, and year of your spouse's birth.

**ITEMS 16: LIST ALL CHILDREN UNDER 18 YEARS OF AGE —** List all children under age 18 (or older if still in high school). Indicate the gender and birthdate of each child in the spaces provided.

*Instructions continued on reverse side*

If you need to list more than three children, do so on a separate sheet of paper and attach it to this application. Be sure to list the same information as requested in Item 17. **The attachment must be signed by you and notarized.**

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## PART TWO: DESIGNATION OF BENEFICIARY —

**SURVIVOR BENEFITS FOR DEATH AFTER RETIREMENT —** Your eligible surviving spouse (widow or widower) will be paid an annual pension of 50 percent of your final average compensation upon your death. This benefit continues until the subsequent remarriage or death of your eligible spouse following your death.

If there is no eligible surviving spouse, or if the eligible spouse dies or remarries, benefits will be paid to eligible children in specified amounts (see "Survivor Benefits after Retirement" on page 3).

**GROUP LIFE INSURANCE BENEFITS —** *(Does not apply to members with less than ten years of membership credit.)* The beneficiary(ies) you name is eligible for any and all other death benefits under the retirement system not specifically directed to an eligible widow or widower or children. An eligible surviving spouse and children may be named for this benefit as well.

You may name any person or persons as well as an institution, charity, your estate, etc., as beneficiary. *If you designate an institution or charity, you must also include the institution's or charity's date of incorporation.* You may also name multiple beneficiaries for this benefit.

**You should name both a Primary beneficiary(ies) and a Contingent beneficiary(ies) for this benefit. If you find it necessary to use additional sheets to complete this section, the attachments must also be signed and notarized.**

**Primary Beneficiary(ies) -** List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

**Contingent Beneficiary(ies) -** List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

**The designation of beneficiary becomes effective when your Application for Retirement Allowance is filed with the Division of Pensions and Benefits.**

Your group life insurance **may be converted** to an individual policy at retirement with the Prudential Insurance Company. If you need further information about conversion see page 4.

**YOUR FIRST RETIREMENT** check cannot be issued earlier than 30 days following your retirement date or approval by the PFRS Board of Trustees, whichever is later. This is when your retirement becomes "due and payable." **If approval of your retirement is delayed, your first check will be retroactive to your original requested date of retirement.**

**YOUR SIGNATURE: Your signature must be notarized.** The notary stamp must show the date the commission expires. An improperly notarized application cannot be processed.

**NOTIFYING YOUR EMPLOYER:** It is important that you notify your employer of your retirement since, before we can process your retirement, your employer must submit a Certification of Service and Final Salary. Your retirement cannot be processed until this certification is received by the Division of Pensions and Benefits.

**NJSEDCP OR SACT PARTICIPANTS:** If you are a participant of the New Jersey State Employees Deferred Compensation Plan (NJSEDCP) or Supplementary Annuity Collective Trust (SACT), your benefits from these plans are separate. You may call the Deferred Compensation Plan (609-292-3605) or the Supplemental Annuity Collective Trust (609-633-2031) to obtain further information regarding retirement options with each plan.

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**IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CONTACT THE OFFICE OF CLIENT SERVICES AT (609) 292-7524 OR VISIT OUR OFFICE AT 50 WEST STATE STREET IN TRENTON, NEW JERSEY**

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**POLICE AND FIREMEN'S RETIREMENT SYSTEM  
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS  
APPLICATION FOR RETIREMENT ALLOWANCE**

**PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.**

**PART ONE:** (Please print - black ink preferred - or type.)**MEMBERSHIP NO.** \_\_\_\_\_

1. Name (Last, First, Middle) \_\_\_\_\_

2. Address (Street, City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_

3. Name of Employer \_\_\_\_\_ 4. Title/Position \_\_\_\_\_

5. Social Security No. \_\_\_\_\_ 6. Date of Birth (Month, Day, Year) \_\_\_\_\_

7. Home Phone (\_\_\_\_\_) \_\_\_\_\_ 8. Work Phone (\_\_\_\_\_) \_\_\_\_\_

9. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?

☐ Continue Payments Into Retirement ☐ Lump Sum

10. Retirement is to be effective the first day of (Month, Year) \_\_\_\_\_

11. Type of Retirement Allowance desired (*refer to page 2*):☐ Service☐ Special☐ Deferred

Please provide the requested information regarding your marital status and children. Submit photocopies of your marriage certificate and the birth certificates or adoption papers of all eligible children.

12. Marital Status

☐ Single☐ Married☐ Separated☐ Divorced

13. Name of Spouse, if married

(Last, First, Middle) \_\_\_\_\_

Maiden Name  
of Spouse \_\_\_\_\_

14. Spouse's

SSN \_\_\_\_\_

15. Spouse's Birthdate

(Month, Day, Year) \_\_\_\_\_

16. List any children under 18 years of age, or a child (unmarried) who is mentally or physically incapacitated, regardless of age. Be sure to indicate both the gender and birthdate of each child.

(Last Name, First, Middle) \_\_\_\_\_

☐ Male☐ Female

Birthdate (Month, Day, Year) \_\_\_\_\_

(Last Name, First, Middle) \_\_\_\_\_

☐ Male☐ Female

Birthdate (Month, Day, Year) \_\_\_\_\_

(Last Name, First, Middle) \_\_\_\_\_

☐ Male☐ Female

Birthdate (Month, Day, Year) \_\_\_\_\_

*Please continue Part Two on reverse side.*

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**PART TWO: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)**

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part One. This designation becomes effective when filed with the Division of Pensions and Benefits.

**PRIMARY BENEFICIARY(IES)**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

**CONTINGENT BENEFICIARY(IES) — If no Primary Beneficiary is living at my death, payment is to be made to:**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

**SIGNATURE OF APPLICANT** \_\_\_\_\_

(YOUR SIGNATURE MUST BE NOTARIZED)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

MONTH                      YEAR

Signature of Notary or  
Commissioner of Deeds \_\_\_\_\_

My Commission expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

DAY                      MONTH                      YEAR

Official Title \_\_\_\_\_



**NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**  
**POLICE AND FIREMEN'S RETIREMENT SYSTEM**  
**CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

**THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE**

1. Name of Member \_\_\_\_\_
2. Membership No. \_\_\_\_\_ 3. Social Security No. \_\_\_\_\_
- 4a. Employing Agency \_\_\_\_\_ 4b. Employer Location Number \_\_\_\_\_
5. Date service terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ *Applicant will not render any service to, or earn salary from this agency after date service terminated.*
6. a) **Is the member currently on suspension?** ☐ NO ☐ YES *If yes, give date of suspension* \_\_\_\_\_  
 Is suspension ☐ PAID or ☐ UNPAID
- b) **Is the applicant facing disciplinary action or indictment?** ☐ NO ☐ YES *If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.*
7. List unpaid leaves of one month or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATES OF ABSENCE (FROM - TO)
	TO		TO
	TO		TO

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (*line 5 above*); please list number of months at the particular salary range and show a total of 12 months.

TOTAL

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ \_\_\_\_\_**

9. Has the member received a substantial salary increase in the last 3 years? ☐ No ☐ Yes *If yes, please provide a detailed explanation with documentation.*
10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

**State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 11.**

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		BACK DEDUCTIONS		ARREARS AND/OR PURCHASES		TOTAL PENSION DEDUCTIONS	
							NO. PAYMENTS	AMOUNT				
	\$		\$		\$			\$	\$		\$	
	\$		\$		\$			\$	\$		\$	
	\$		\$		\$			\$	\$		\$	

Completed by: \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Signature of Certifying Officer \_\_\_\_\_ Date \_\_\_\_\_

DETACH HERE

## **INSTRUCTIONS**

**This form must be completed by the employer when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.**

### **ITEMS REQUIRING SPECIAL ATTENTION**

- ITEM 6:** If the member was dismissed under suspension or formal indictment, place an (X) in the appropriate YES block. You must also indicate with an (X) if the suspension is paid or unpaid. If the YES box is indicated in 6b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 8:** Indicate the following: (1) number of months, (2) amount of monthly base salary, (3) the beginning and ending dates of that salary, and (4) the total base salary for the period. A total of 12 months (10 months for those applicable) of salary must be indicated.
- ITEM 9:** If the member had a substantial salary increase within the last 3 years of membership, attach a detailed explanation of why this increase was granted, with documentation. This information is required before processing the retirement application.
- ITEM 10:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- ITEM 11:** Indicate the actual or projected base salary subject to pension contributions for the last two quarters preceding the termination date. It is important to indicate all deductions withheld (pension, loan, back deductions and arrears payments). Failure to do so could result in incorrect benefits being paid. The base salary should reflect the number of months worked in that quarter.

**State employers must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date in lieu of completing Item 11.**

### **WORKERS' COMPENSATION**

An application for retirement will be accepted while the member is receiving periodic benefits under the Workers' Compensation law. Pension contributions must continue, if required, up to the effective date of retirement. Please attach an official statement of the Workers' Compensation award showing the amount of periodic benefits, with the beginning and ending dates of the benefits awarded. If the member is retiring under an **Accidental** Disability Retirement, the unpaid balance of the award on the date of retirement will be used to reduce the member's retirement allowance on a dollar-for-dollar basis.

**SUBMIT THIS CERTIFICATION TO:    RETIREMENT BUREAU  
DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295  
TRENTON NJ 08625-0295**